

I. EPA/STATE Hazardous Waste I.D.#
W A D 0 0 9 2 4 4 9 9 7

II. Waste Designated By:
RCRA / State _____ SQ
State Only _____
☒ Non-Regulated / Non-Handler / Protective Filing

III. Exemption Status:
RCRA Exempt Recycler _____
State Exempt Recycler _____
☒ Below QEL _____
Other _____

IV. Handling
Emergency _____
Remedial Action _____
One-Time-Only _____
Other _____

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6314/6305/6306

DATE IN TO DEPARTMENT

RECEIVED

DATE: 2/8/85 Region: N

EPA: _____ Date: _____ Copy: _____

Input: _____ Update: _____ Ack: _____

DEPARTMENT USE ONLY

☐ A. FIRST NOTIFICATION

☒ B. REVISED NOTIFICATION (enter current I.D.# in upper left)

revisions effective: 3^{MO.} 1/18^{DAY} 1985^{YR.}

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D. assigned to you in section 99 in upper left)

☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)

A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

1 7 8 - 0 4 4 - 6 1 1

B. SIC CODE(S)

PRIMARY 3 7 3 1 SECONDARY OTHER

NAME OF COMPANY

U W A M I S H S H I P Y A R D I N C .

MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

6 5 8 W E S T M A R G I N A L W A Y S W

CITY OR TOWN STATE ZIP CODE

S E A T T L E W A 9 8 1 0 6 -

LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

CITY OR TOWN STATE ZIP CODE

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

K I N G

DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

B. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)

(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL

(d) ☐ WATER (e) ☐ OTHER

C. ☐ WASTE MANAGEMENT FACILITY (TSD) (refer to definitions in instructions)

(1) ☐ TREATMENT

(2) ☐ STORAGE

(3) ☐ DISPOSAL

(4) ☐ WE ACCEPT OFF-SITE WASTE

CONTACT PERSON

NAME (last), (first)

E B E R G D O N A L D A

TITLE PHONE NO. (area code & number)

O P E R A T I O N S M A N A G E R 2 0 6 - 7 6 7 - 4 8 8

A. OWNERSHIP (Legal Owner(s) of this Company)

U W A M I S H S H I P Y A R D I N C .

B. OWNERSHIP (Legal Owner(s) of site (Property))

U W A M I S H S H I P Y A R D I N C .

10. TYPE OF OWNERSHIP (enter letter code in box)

P

1. WASTE IDENTIFICATION

[illegible]

2. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

<input type="checkbox"/> Batch Frequency _____	QUANTITY <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											WEIGHT <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>		CODE <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>		B. <input checked="" type="checkbox"/> PER MONTH	QUANTITY <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											WEIGHT <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>		CODE <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>	

3. COMMENTS (Enter Information by Section & Line Number—See Instructions)

1. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

5. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NATURE: <u>Donald A. Meberg</u>	OFFICIAL TITLE (Print)	DATE SIGNED:
PRINTED NAME: <u>DONALD A. MEBERG</u>	<u>SECRETARY</u>	<u>3-18-85</u>